

Application for Corporate Manager

Must Be A Nebraska Resident

Please submit in Triplicate

Return to: Nebraska Liquor Control Commission, PO Box 95046
301 Centennial Mall So., Lincoln NE 68509

Phone: (402) 471-2571 Fax: (402) 471-2814 Web address: <http://www.nol.org/home/NLCC/>

RECEIVED
JUL - 9 2002
NEBRASKA LIQUOR
CONTROL COMMISSION

| LIQUOR LICENSE INFORMATION | | | | |
|---|--|----------------------------|--------------------------------|--|
| NAME OF LICENSED CORPORATION CLURICAN WINES LLC | | | CLASS & LICENSE NUMBER | |
| TRADE NAME OF LICENSED PREMISE CLURICAN WINES | | | | |
| STREET ADDRESS OF LICENSED PREMISE 1129 HARRISON AVE #2 | CITY LINKOLN | COUNTY LANCASTER | ZIP CODE 68502 | |
| On behalf of the corporation, I designate this individual as corporate manager. Signature of Corporate President/CEO: <i>OK President of corp</i> | | | | |
| APPLICANT INFORMATION (MUST BE 21 OR OVER) | | | | |
| NAME (LAST, FIRST, MIDDLE, MAIDEN) BURKE, TIMOTHY P. | SEX F <input checked="" type="radio"/> M | SOCIAL SECURITY NUMBER | DATE OF BIRTH | PLACE OF BIRTH PATRICK FLORIDA |
| HOME STREET ADDRESS 1129 HARRISON AVENUE | CITY LINKOLN | COUNTY LANCASTER | STATE NE | ZIP CODE 68502 |
| HOME TELEPHONE NUMBER (402) 438-8699 | BUSINESS TELEPHONE NUMBER () SAME | | DRIVERS LICENSE NUMBER & STATE | |
| SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE NONE) | | | | |
| FULL NAME (LAST, FIRST, MIDDLE, MAIDEN) NA | SOCIAL SECURITY NUMBER | | DRIVERS LICENSE NUMBER & STATE | |
| DATE OF BIRTH: | PLACE OF BIRTH: | | | |

1. **READ CAREFULLY** - Answer completely and accurately.

Has anyone who is a party to this application or their spouse, ever been convicted of or plead guilty to any criminal charge? Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? **IF YES**, for what premise give license number and date.

☒ YES

☐ NO

Pi Napoli Ristorante - 2000 - MANAGER

Is this Corporation/LLC controlled by another Corporation?

Yes ☐ No ☒

Name of control Corporation _____

If YES, LIST EACH STOCKHOLDER/MEMBER OWNING MORE THAN 25% stock/interest in that corporation/LCC. Any applicant who has a Corporation as a shareholder MUST file an organizational chart listing all shareholders and/or corporations owning more than 25% stock and listing of the percentage of stock owned.

Please indicate below your corporate tax year with the IRS

Starting date: 06/01/2002 Ending date: 12/31/2002

State of Nebraska

Lancaster County

)
) ss.
)

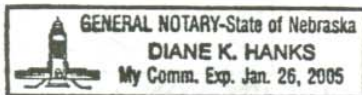
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NEBRASKA LIQUOR
CONTROL COMMISSION

Diane K. Hanks

Notary Public Signature & Seal



By

[Signature]
President/Member

In Compliance with ADA, this form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

Secretary/Member

Verify Form and Print

FORM 35-4183
REV. 02/01

3. Have you or your spouse ever made a compromise settlement for violation of such laws?

☐ YES ☒ NO

4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?
Nebraska Liquor Control Act (§53-131.01)

☒ YES ☐ NO

5. Have you filed fingerprint cards and **PROPER FEES** (if check, made out to the NE State Patrol), with this application?

☒ YES ☐ NO

LIST PRINCIPAL RESIDENCE FOR PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

| APPLICANT: CITY & STATE | YEAR FROM TO | SPOUSE: CITY & STATE | YEAR FROM TO |
|-------------------------|-------------------------|----------------------|-----------------|
| <u>TIM BURKE</u> | | | |
| <u>LINCOLN NE</u> | <u>2000</u> <u>2002</u> | | |
| <u>BOULDER CO</u> | <u>1997</u> <u>2000</u> | | |
| <u>DENVER CO</u> | <u>1995</u> <u>1997</u> | | |
| <u>LINCOLN NE</u> | <u>1990</u> <u>1995</u> | | |

EMPLOYERS - LIST LAST TWO EMPLOYERS

| YEAR FROM TO | NAME OF EMPLOYER | NAME OF SUPERVISOR | TELEPHONE NUMBER |
|-------------------------|--------------------------|--------------------------|------------------|
| <u>1999</u> <u>2002</u> | <u>THE NEBRASKA CLUB</u> | <u>STACEY WILTS HIRE</u> | <u>476-3228</u> |
| <u>2001</u> <u>2002</u> | <u>TALENT PLUS</u> | <u>KARLA KASTENS</u> | <u>489-2000</u> |

PERSONAL OATH AND CONSENT OF INVESTIGATION - MUST BE SIGNED BY APPLICANT & SPOUSE

STATE OF NEBRASKA)
) SS
COUNTY OF)

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, an affidavit may be attached however, fingerprint cards are still required to be filed.

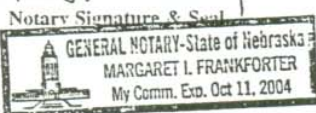
The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and inaccurate.

[Signature]
Signature of Applicant

Signature of Spouse (if applicable)

Subscribed in my presence and sworn to before me this 13th
day of June 2002

Subscribed in my presence and sworn to before me this _____
day of _____



Notary Signature & Seal